

Research Highlights

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African American Women and HIV/AIDS Risk Behaviors

A study of African American women of unknown HIV status residing in the Central Virginia area between the ages of 18 and 49 years old, examines gender, and socio-cultural variables associated with HIV risk and protection in order to provide information and recommendations to guide prevention efforts and programming. This research highlight examines the HIV risk behaviors of African American women.

African American Women and HIV/AIDS

According to the Virginia Department of Health annual statistics on HIV and AIDS, in the year 2000, African American women comprised 83% of all female HIV cases and 79% of all female AIDS cases in Virginia (Virginia Department of Health, 2000). During that same year, 98% of all HIV cases among African American women and 97% of all AIDS cases among African American women, were among women 15 years and older. The Central Health Region of Virginia accounted for 20% of all HIV cases and 23% of all AIDS cases during the year 2000.

Study Design

The target population was adult African American women living in Central Virginia between the ages of 18 and 49 years of age who did not know their HIV status. In this study, "women of unknown HIV status" referred to those women who either had never been tested for the presence of the HIV antibody or who had been tested (at some time in their lives) and the results of that test were negative.

The study targeted the health districts within the Central Health Region as determined by the Virginia Department of Health, including Chesterfield, Crater, Hanover, Henrico, Piedmont,

Richmond, and Southside covering urban, suburban and rural areas in 23 counties and 5 cities.

A probability sampling approach was used to identify and recruit eligible participants. A random digit dial (RDD) sample of phone numbers from the targeted geographic areas purchased from a commercial sampling company was used in the first phase of this study. Using a constructed reference database of Central Virginia from the 1990 US Census Public Use Microdata Sample (PUMS) key demographic variables were used to guide the sampling process. These variables were location, age, and education. For location, two categories were identified, "rural" and "non-rural". Age consisted of two categories, women between the ages of 18 and 32 years and women between the ages of 33 and 49 years. Education included "not completed high school," "technical training or associate degree," "some college but not graduate," "graduated from a 4-year college," and "graduate degree."

Recruitment

The recruitment and data collection process involved four stages: 1) Screening households for African American women 18-49 years of age, assessing their potential eligibility, and acquiring their permission to call back for stage 2 follow-up; 2) Follow-up telephone interview to

Sample Characteristics

Sixty percent of the survey respondents were from Harrisonburg and 23% were from Rockingham County. Slightly more than half (51%) of the sample left the U.S. frequently in order to find work. Most participants (65%) were 30 years old or younger. Most frequently, men in the sample were either single (39%) or were living with a woman (25%).

The educational attainment of the group was fairly low. The majority had attended high school or less (60%). The group's income was also fairly low. Although most men in the group were working full time (86%), more than half the sample earned \$201 to \$300 per week (54%). Most participants (87%) were immigrants born outside the U.S. in one of the Latin American countries, most frequently Mexico (57%) or in Central America (21%).

Sexual Behavior of Respondents

Most men (85%) reported sex with women only. Sixty-three percent reported having had multiple female sexual partners. About one-third of the sample (32%) reported having paid someone in the U.S. (usually women) to have sex with them. Nearly 2 out of 5 men did not know the HIV status of their last sexual partner. Forty-five percent were in a primary relationship with a woman, most frequently for 3 years or less (46%), and reported that their partner was not HIV+ (86%).

The majority of men reported having used condoms at some point in their lives (78%). Most men reported carrying condoms with them "sometimes" or "always" (63%), having money to buy them (86%), but not using them for oral sex (56%). Men used condoms inconsistently when they had sex with casual women (sex outside the primary relationship was considered "casual sex" or referred to as sex with "casual women"). More than 4 out of 5 men in the sample used condoms "sometimes" or "never" in the past 12 months.

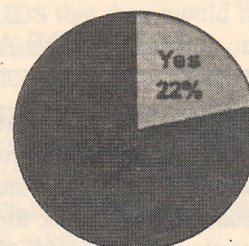
Reasons frequently cited for inconsistent condom use reflect hedonistic concerns. Men reported not using condoms because "it reduces the pleasure of sex" (64%), "it interrupts the 'heat of the moment'" (59%), and "she will feel less pleasure" (44%). Another reason frequently cited by participants involved the belief that condoms "don't work or break" (59%). They

also believed that using condoms reduced the "emotional closeness of sex" (48%).

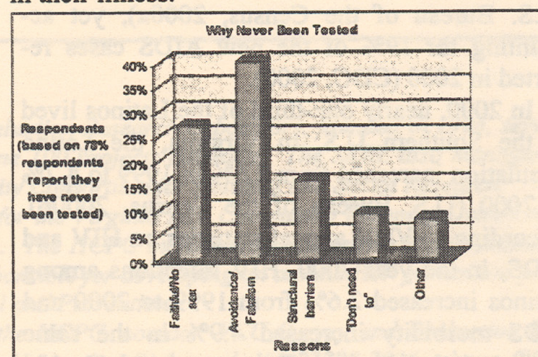
HIV Testing

It is worrisome that nearly 4 out of 5 men in the sample (78%) had not been tested for HIV and that among these men, the majority were not planning on getting tested for HIV within the next 6 months or were not sure ("don't know") if they would do so (78%).

Ever Been Tested For HIV



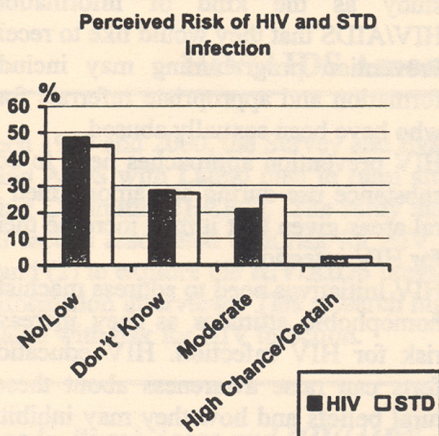
Most frequently, men who never got HIV tested failed to do so out of avoidance to learn of a potential positive diagnosis and/or fatalism about what to do if tested positive (40%). ("I don't care, eventually I will have to die of something", "I don't want to know", "because if I'm positive, I'm going to die anyway!"). This attitude about HIV testing may help explain why, as a group, Latinos with HIV tend to get tested late in their illness.



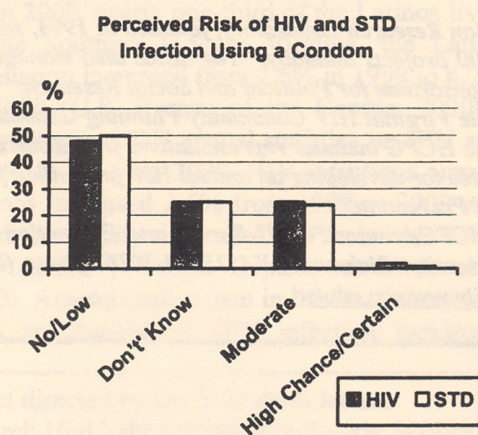
Psychosocial Context

Overall, men in our sample showed poor knowledge of HIV/AIDS, related transmission modes, and the proper way to use condoms. The mean number of correct responses for general HIV/AIDS knowledge was 2.12 out of a possible score of five correct answers. About 1 in 5 men in the group failed to answer a single question on general HIV/AIDS knowledge correctly.

With regard to knowledge of HIV transmission modes, the average number of correct answers was 2.47 out of a possible score of 6 correct answers. More than one-third in the group answered none of the questions on HIV transmission accurately. Finally, the mean number of correct responses for knowledge of condom use was 2.65 out of a possible score of a possible score of 6 correct answers. About one-fifth of the group failed to answer a single question on the proper way to use condoms correctly.



Lower risk perceptions of becoming infected with HIV or another STD characterized men in our study. Men tended to feel they had a "no/low" chance of becoming HIV infected (48%) or getting another STD (45%). Risk perceptions were similar even when men were asked to consider a situation where condoms were used during sex.



Nearly 2 out of 5 men in the group reported knowing "people who had died of AIDS or now HIV/AIDS" and a smaller proportion, about 1 in 5 men reported knowing "people they had strong

feelings for who had died of AIDS or now had HIV/AIDS."

Our group of Latino men tended to talk about sex and HIV/AIDS with their female causal sexual partners. Out of a possible score of 12 on level of communication, the mean sample score was 9.49. More than half of respondents (67%) had a score of 9 or higher.

Nearly 1 out of 4 men in the sample reported sexual abuse when younger than 18 years old. The majority of the sample felt that they were attracted to only women (82%) and viewed themselves as heterosexuals (88%).

Television in Spanish was the single most frequently cited good source of information to get HIV/AIDS information to them (63%). Symptoms of HIV/AIDS (53%), where to go for testing for HIV (53%), and basic information on how HIV is transmitted (50%) were most frequently cited HIV related topics on which men would like to receive information.

Behavioral Context

More than 7 out of 10 men in the sample reported drinking alcohol "sometimes" or "always" before or during sex, while more than 1 out of 4 men used drugs "sometimes" or "always" before or during sex.

Only 16% of men in the sample reported sharing syringes "sometimes". Most frequently, they did it to inject medicines (83%).

Cultural Context

Latino men in our sample appeared moderately machista. The sample mean score on machismo attitudes was 5.28, out of a possible score of 9 indicative of high machismo. More than 3 out of 5 men had increasingly higher machista attitudes (having a score of 5 or higher in the machismo scale). More than half the sample (56%) believed that "men need to have sexual experiences with various sexual partners."

Men also showed higher levels of homophobia. Out of a possible score of 18 (being highly homophobic), the average score was 12.94. More than 4 out of 5 men in the sample had increasingly higher homophobic attitudes (having a score of 10 or higher in the homophobia scale.) More than half the sample believed that being homosexual was not normal" (62%) and that "men who felt attracted to other men should feel ashamed" (51%).

Men in our sample showed rather low acculturation levels. The mean acculturation score in the sample was 3.22 (out of a possible score of 8). Eighty five percent of the group had a score of 4 or lower on acculturation.

Summary and Recommendations

The Latino men in rural areas in this study clearly are at risk for HIV/AIDS given who reported in engaging in various risky sexual practices including multiple partners and inconsistently using condoms during vaginal, anal and oral sex.

Of additional concern is the proportion of men not knowing if their last sexual partner was HIV+. Paying for sex in the U.S. is also related to increase HIV risk.

In addition, the Latino men in our sample had considerably low knowledge of general HIV/AIDS information, HIV transmission modes, and the proper way to use condoms.

As a result the following recommendations can be made concerning HIV/AIDS prevention and education efforts with this population:

- Beliefs about the fallibility of condoms and their decrease on sexual pleasure need to be addressed by HIV/AIDS prevention efforts to promote safer sex through the use of condoms.
- More aggressive approaches are needed to disseminate information on HIV testing ser-

vices. Raising awareness among Latino men in rural areas about the benefits of an early detection of HIV can help alter their fatalistic outlook about "having to die of something" to more proactive ways to take care of oneself.

- Comprehensive educational efforts with this group are in critical need. In fact, information that addresses symptoms of HIV, locations for HIV testing, and basic HIV/AIDS information were reported by men in our study as the kind of information on HIV/AIDS that they would like to receive.
- Prevention programming may include information and appropriate referrals for men who have been sexually abused.
- HIV prevention approaches need to address substance use during sex among men in rural areas given that it may increase their risk for HIV infection.
- HIV initiatives need to address machista and homophobic attitudes as they increase the risk for HIV infection. HIV education efforts can raise awareness about these cultural beliefs and how they may inhibit safer sexual behavior addressing, for instance, that a macho man does not need to prove his masculinity by having multiple sexual adventures.

The SERL and the HCPC

The Virginia Commonwealth University Survey and Evaluation Research Laboratory, founded in 1994, serves the University, the community, and government through some 100 projects annually. The SERL also manages a number of large data sets available through the Inter-university Consortium for Political and Social Research.

The SERL conducted the study discussed in this report for the Virginia HIV Community Planning Committee, an advisory committee to the Virginia Department of Health. The HCPC includes representatives from communities across Virginia most affected by the epidemic and is responsible for developing an annual HIV prevention plan for Virginia for submission to the Centers for Disease Control and Prevention.

For more information about this study, the SERL, or the HCPC, contact: VCU Survey and Evaluation Research Laboratory, PO Box 3016, Virginia Commonwealth University, Richmond, VA 23284-3016, phone (804) 828-8813, fax (804) 828-6133, or on the World Wide Web at <http://www.vcu.edu/srl>.